



## COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National Stage of PCT, Divisional, Continuation or C-I-P Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### COUPLER-MULTIPLEXER PERMUTATION SWITCH

This declaration is of the following type:

- ☒ Original
- ☐ Design
- ☐ national stage of PCT.
- ☐ Divisional
- ☐ Continuation
- ☐ continuation-in-part (C-I-P)

the specification of which: (complete (a), (b), or (c))

- (a) ☐ is attached hereto.
- (b) ☒ was filed on April 20, 2001 as Application Serial No. 09/838,862 and was amended on n/a (if applicable).
- (c) ☐ was described and claimed in PCT International Application No. filed on and was amended on (if applicable).

### Acknowledgement of Review of Papers and Duty of Candor

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56.

☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.98.

### Priority Claim

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT International Application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International Application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application on which priority is claimed

(complete (d) or (e))

- (d) ☒ no such applications have been filed.
- (e) ☐ such applications have been filed as follows:

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
ALL FOREIGN APPLICATION[S], IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

**Claim for Benefit of Prior U.S. Provisional Application(s)**

I hereby claim the benefit under Title 35, United States Code, ' 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date

**Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120**  
(complete this part only if this is a divisional, continuation or C-I-P application)


(Application Serial No.)	(Filing Date)	Status (patented, pending, abandoned)

**Power of Attorney**

As a named inventor, I hereby appoint the practitioners at Customer Number 21003 of the firm of BAKER BOTTS L.L.P., with offices at 30 Rockefeller Plaza, New York, New York 10112, as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<b>SEND CORRESPONDENCE TO:</b> BAKER BOTTS L.L.P. 30 ROCKEFELLER PLAZA NEW YORK, N.Y. 10112 CUSTOMER NUMBER: 21003	<b>DIRECT TELEPHONE CALLS TO:</b> BAKER BOTTS L.L.P. (212) 408-2500
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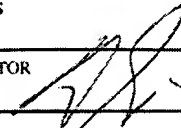
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	LAST NAME <b>Ramadan</b>	FIRST NAME <b>Tarek</b>	MIDDLE NAME <b>A.</b>
RESIDENCE & CITIZENSHIP	CITY <b>Cairo</b>	STATE or FOREIGN COUNTRY <b>Egypt</b>	COUNTRY OF CITIZENSHIP <b>Egypt</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>12 Nakhla El Moteil St., Apt. 4, Heliopolis</b>	CITY <b>Cairo</b>	STATE or COUNTRY <b>Egypt</b>
DATE	SIGNATURE OF INVENTOR		
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	LAST NAME <b>Osgood, Jr.</b>	FIRST NAME <b>Richard</b>	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY <b>Chappaqua</b>	STATE or FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>345 Quaker St.</b>	CITY <b>Chappaqua</b>	STATE or COUNTRY <b>NY</b>
DATE	SIGNATURE OF INVENTOR 		
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	LAST NAME <b>Scarmozzino</b>	FIRST NAME <b>Robert</b>	MIDDLE NAME <b>S.</b>
RESIDENCE & CITIZENSHIP	CITY <b>Cortlandt Manner</b>	STATE or FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>9 Red Oak Lane</b>	CITY <b>Cortlandt Manner</b>	STATE or COUNTRY <b>NY</b>
DATE	SIGNATURE OF INVENTOR		

Check proper box(es) for any added page(s) forming a part of this declaration

- ☐ Signature for ninth and subsequent joint inventors. Number of pages added \_\_\_\_\_
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.  
Number of pages added \_\_\_\_\_
- ☐ Signature for inventor who refuses to sign, or cannot be reached, by person authorized under 37 CFR 1.47.  
Number of pages added \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	LAST NAME <b>Ramadan</b>	FIRST NAME <b>Tarek</b>	MIDDLE NAME <b>A.</b>	
RESIDENCE & CITIZENSHIP	CITY <b>Cairo</b>	STATE or FOREIGN COUNTRY <b>Egypt</b>	COUNTRY OF CITIZENSHIP <b>Egypt</b>	
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DATE	SIGNATURE OF INVENTOR			
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	LAST NAME <b>Osgood, Jr.</b>	FIRST NAME <b>Richard</b>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <b>Chappaqua</b>	STATE or FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>United States</b>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>345 Quaker St.</b>	CITY <b>Chappaqua</b>	STATE or COUNTRY <b>NY</b>	ZIP CODE <b>10514</b>
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	LAST NAME <b>Scarmozzino</b>	FIRST NAME <b>Robert</b>	MIDDLE NAME <b>S.</b>	
RESIDENCE & CITIZENSHIP	CITY <b>Cortlandt Manner</b>	STATE or FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>United States</b>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>9 Red Oak Lane</b>	CITY <b>Cortlandt Manner</b>	STATE or COUNTRY <b>NY</b>	ZIP CODE <b>10567</b>
DATE <b>8/17/06</b>	SIGNATURE OF INVENTOR 			

Check proper box(es) for any added page(s) forming a part of this declaration

- ☐ Signature for ninth and subsequent joint inventors. Number of pages added \_\_\_\_\_.
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.  
Number of pages added \_\_\_\_\_.
- ☐ Signature for inventor who refuses to sign, or cannot be reached, by person authorized under 37 CFR 1.47.  
Number of pages added \_\_\_\_\_.

FULL NAME OF SOLE OR FIRST INVENTOR	LAST NAME Ramadan	FIRST NAME Tarek	MIDDLE NAME A.	
RESIDENCE & CITIZENSHIP	CITY Cairo	STATE or FOREIGN COUNTRY Egypt	COUNTRY OF CITIZENSHIP Egypt	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 12 Nakhla El-Moteii St., Apt. 4, Heliopolis	CITY Cairo	STATE or COUNTRY Egypt	ZIP CODE
DATE _____, 2005	SIGNATURE OF INVENTOR			
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	LAST NAME Osgood, Jr.	FIRST NAME Richard	MIDDLE NAME M.	
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DATE _____, 2005	SIGNATURE OF INVENTOR			
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	LAST NAME Scarmozzino	FIRST NAME Robert	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY Cortlandt Manor	STATE or FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 9 Red Oak Lane	CITY Cortlandt Manor	STATE or COUNTRY NY	ZIP CODE 10567
DATE _____, 2005	SIGNATURE OF INVENTOR			
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE
DATE	SIGNATURE OF INVENTOR			
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE
DATE	SIGNATURE OF INVENTOR			